Scholarship Application

We understand that some of your students may need financial assistance. If you would like to request a scholarship, please provide us with the following information. You may request up to 5% of the total cost of all paying individuals. (NOTE: this excludes any other discount). We will notify you once the amount has been approved.

School Name ____________________________________________________________

Is your school designated as Title 1? ☐ Yes ☐ No

If no, please provide an explanation of need for financial assistance ______________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Dates of trip__________________________ Total # of people____________________

Requested scholarship amount _____________________________________________

Contact Name ___________________________________________________________

Contact Phone ___________________________________________________________

Contact Email ___________________________________________________________

________________________________________________ __ ___________________
Signature of requesting individual Date

Please return to:

St. Christopher’s Barrier Island Program
2810 Seabrook Island Rd
Johns Island, SC 29455
barrierisland@stchristopher.org
Fax (843) 768-4729